

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	T-C		4/5
<b>O.I.P.E. CLASSIFIER</b>			4/26/61
<b>FORMALITY REVIEW</b>	T4	953	03-24-0
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date				
Final	Original	9	1	5	11
0	0	0	0	0	0
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28		✓	✓	✓	
29		✓	✓	N	
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35		N	N		
36		✓	✓		
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47		✓	✓	✓	
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Claim	Date				
Final	Original	51	52	53	54
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Claim	Date				
Final	Original	101	102	103	104
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If more than 150 claims or 10 actions  
staple additional sheet here

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